

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1				
2				
3				
4				
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47				
48				
49				
50				
Total Indep	1			
Total Depend	11			
Total Claims	12			

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						